

FIG. 1

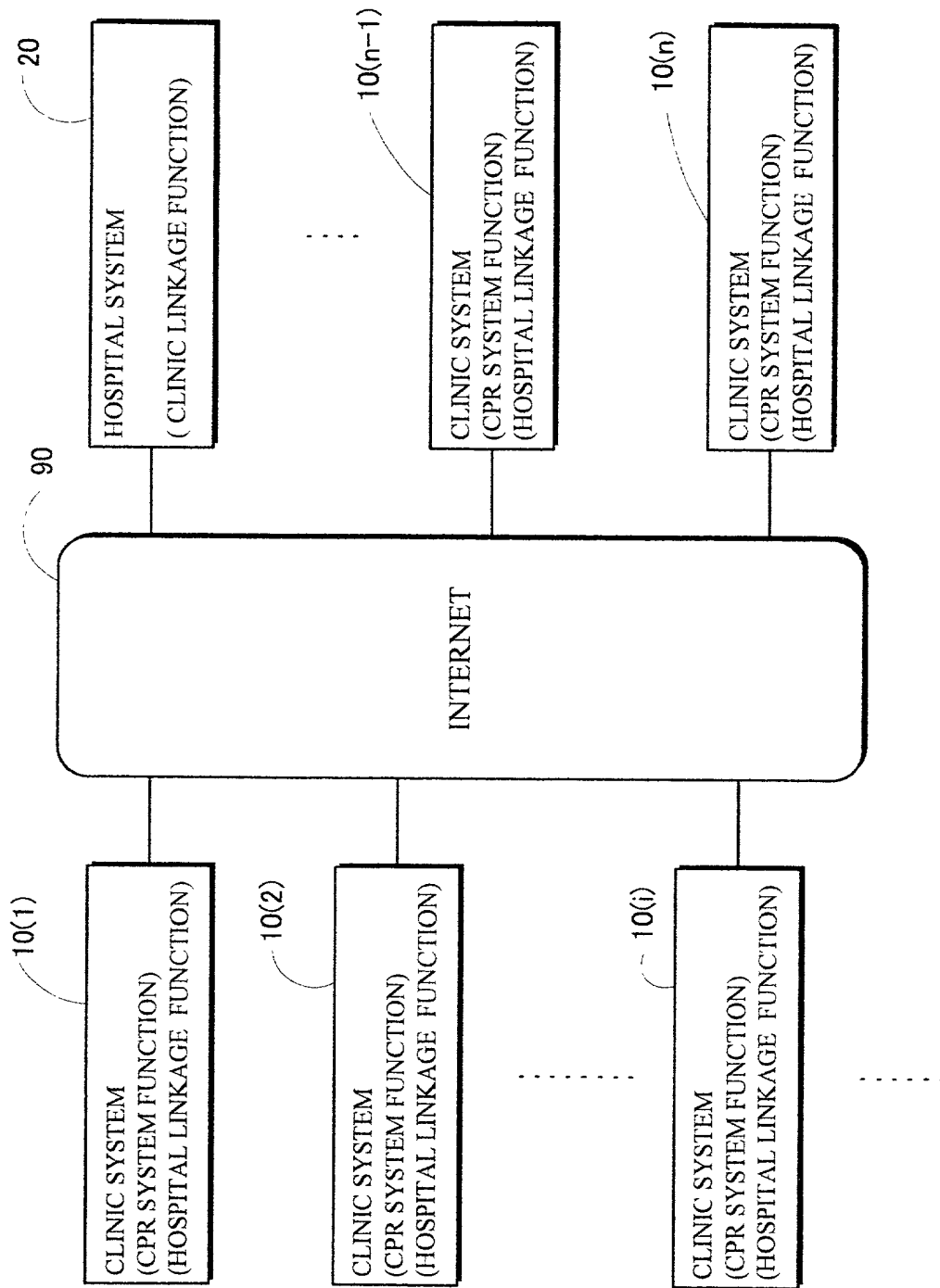


FIG. 2

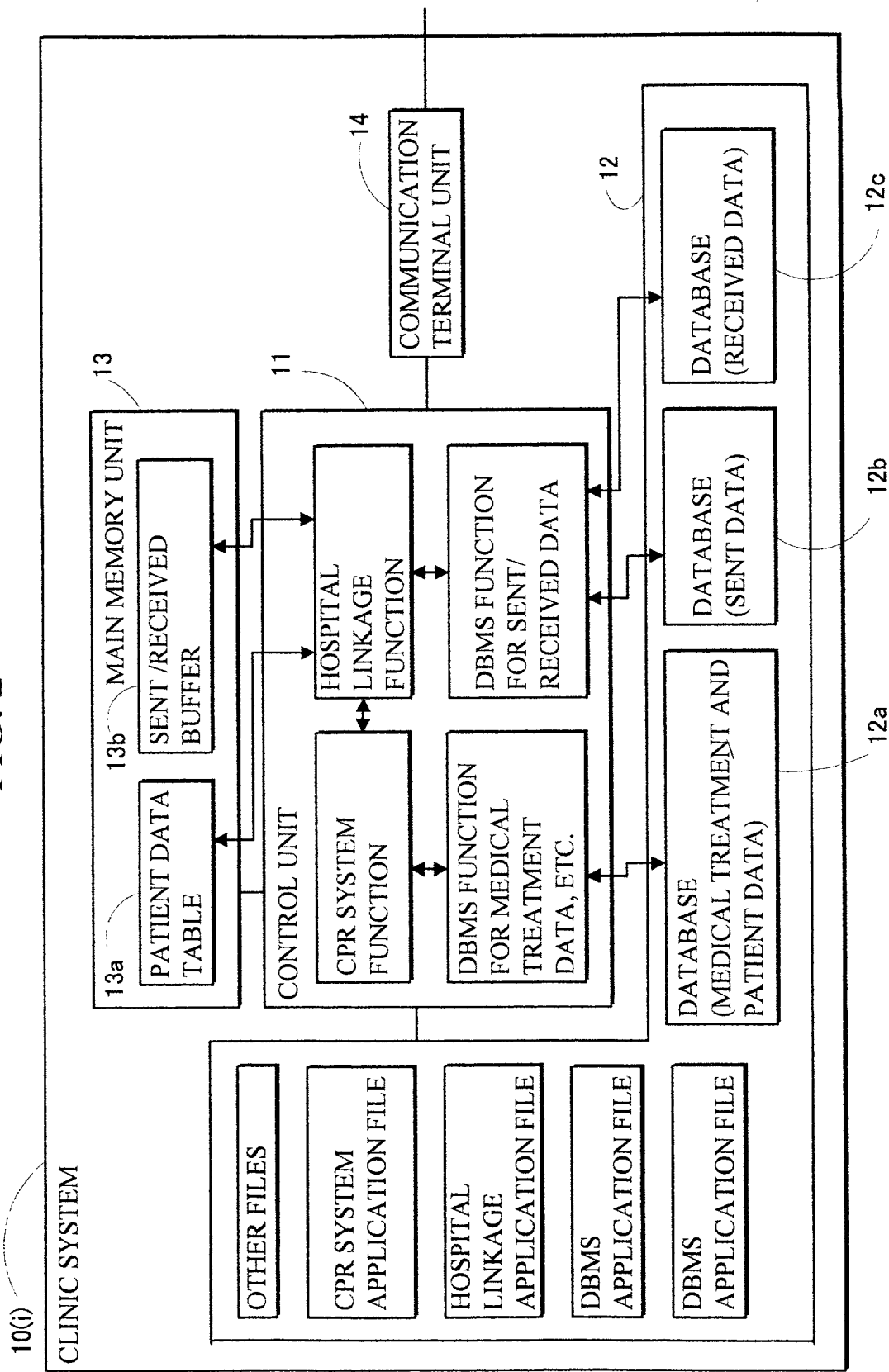


FIG. 3

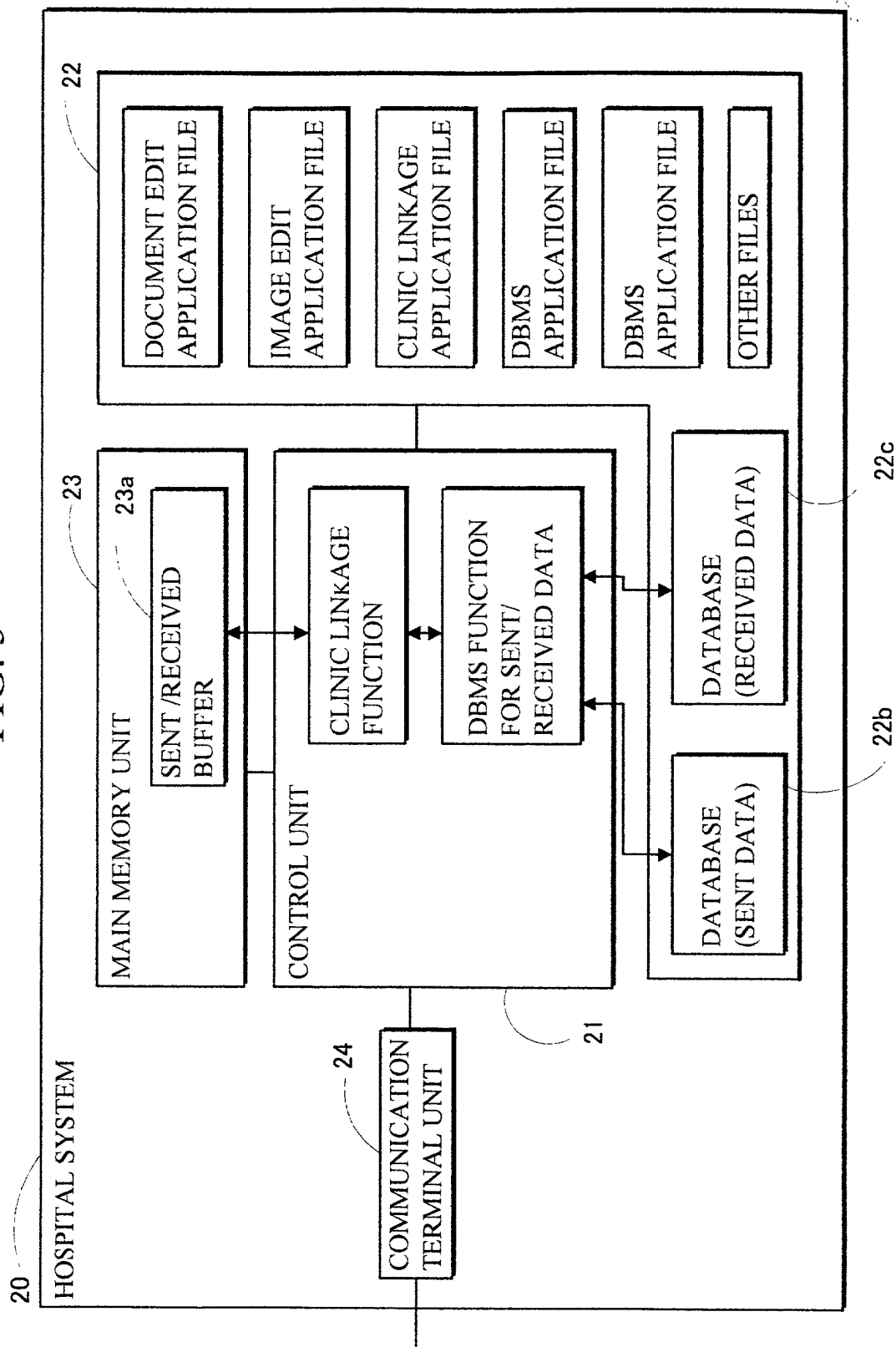


FIG. 4

DATABASE (SENT DATA)					KEY ← - - - - -		12b
E-MAIL ID	SUBJECT	SENT-TO ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS		
1	About Symtoms Of Diabetes	100	i	.....	.....
2	Confirmation Of Test Results	100	i	.....	.....
3	Confirmation Of Electrocardiogram	100	i	.....	.....
4	About This Patient	100	i	.....	.....

DATABASE (RECEIVED DATA)					KEY ← - - - - -	12c
E-MAIL ID	SUBJECT	RECEIVER ID	REPRIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA	
1	About Symtoms Of Diabetes	i	100	.....	.....
2	Confirmation Of Test Results	i	100	.....	.....
4	About This Patient	i	100	.....	.....
5	Confirmation Of Electrocardiogram	i	100	.....	.....

FIG. 5

DATABASE (SENT DATA)					KEY ← - - - -		22b
E-MAIL ID	SUBJECT	REPLIED-TO ID	REPLIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA		
1	About Symptoms Of Liver Disease	i-2	100	.....	.....
1	About Degree Of Kidney Disease	i-1	100	.....	.....
1	About Symptoms Of Diabetes	i	100	.....	.....
1	About Symptoms Of Liver Test Results	i+1	100	.....	.....

DATABASE (RECEIVED DATA)				KEY ← - - - -		22c
E-MAIL ID	SUBJECT	RECEIVER ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS	
1	About Symptoms Of Liver Disease	100	i-2	.....	.....
1	About Degree Of Kidney Disease	100	i-1	.....	.....
1	About Symptoms Of Diabetes	100	i	.....	.....
1	About Symptoms Of Liver Test Results	100	i+1	.....	.....

FIG. 6

PATIENT DATA TABLE (PATIENT ID = j)

DATA NAME	PERMIT/PROHIBIT (DO/NOT DO) <SENDING AND EDITING>	DATA CONTENTS
NAME	Permit	KAWANO Ikuko
NAME IN SYLLABLE	Permit	Ka-wa-no I-ku-ko
SEX	Permit	Female
DATE OF BIRTH	Permit	05/05/80
AGE	Permit	20
OCCUPATION	Permit	student

DATABASE (MEDICAL TREATMENT AND PATIENT DATA)

PATIENT ID	NAME	NAME IN SYLLABLE	SEX	DATE OF BIRTH	AGE	OCCUPATION	PHONE	ADDRESS
j-1	TANAKA Yosiko	Ta-na-ka Yo-si-ko	Female	06/12/70	30	Housewife	.....	.....
j	KAWANO Ikuko	Ka-wa-no I-ku-ko	Female	05/05/80	20	Student	.....	.....
j+1	SUZUKI Taro	Su-zu-ki Ta-ro	Male	10/10/75	24	Company employee	.....	.....

FIG. 7

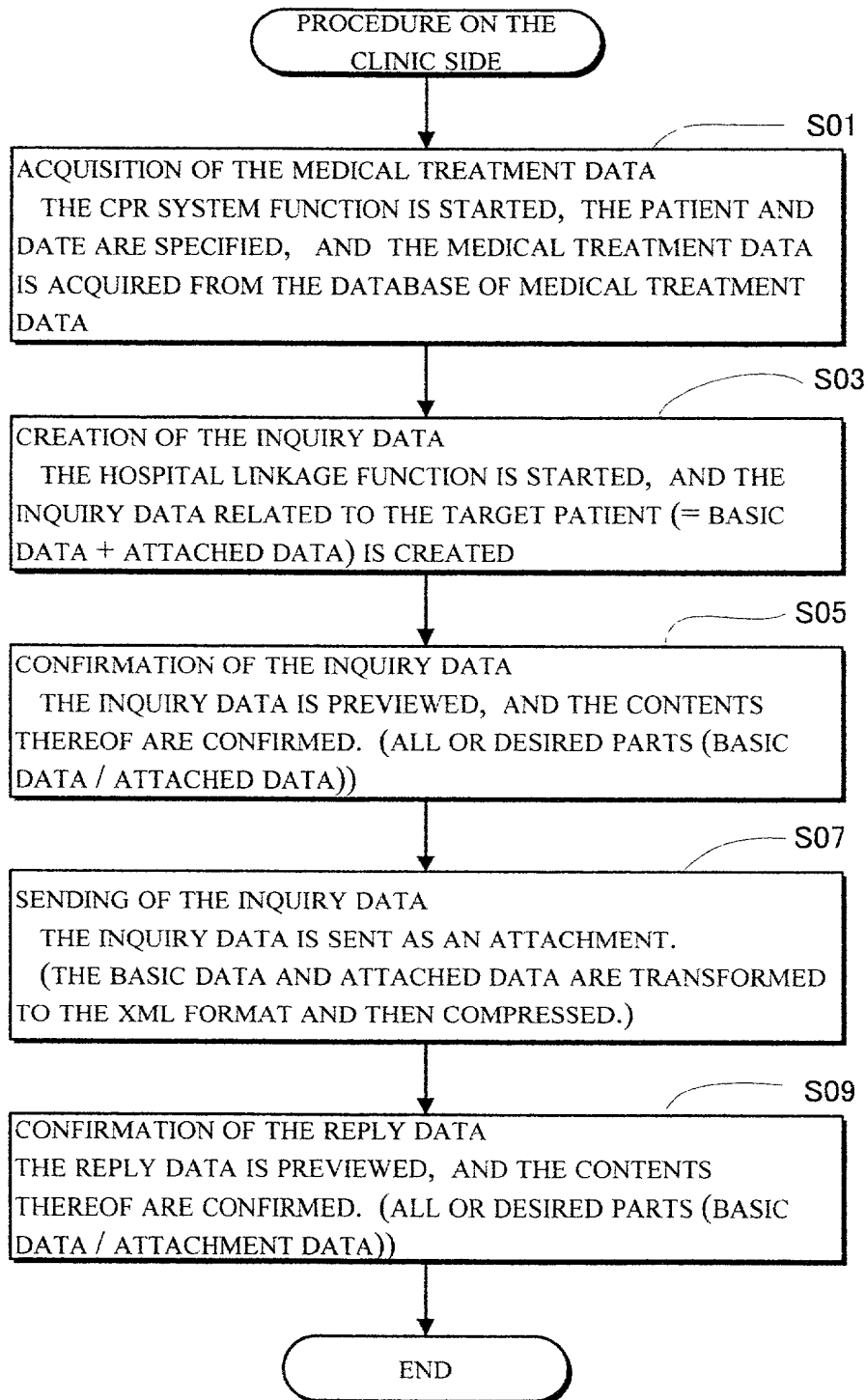


FIG. 8

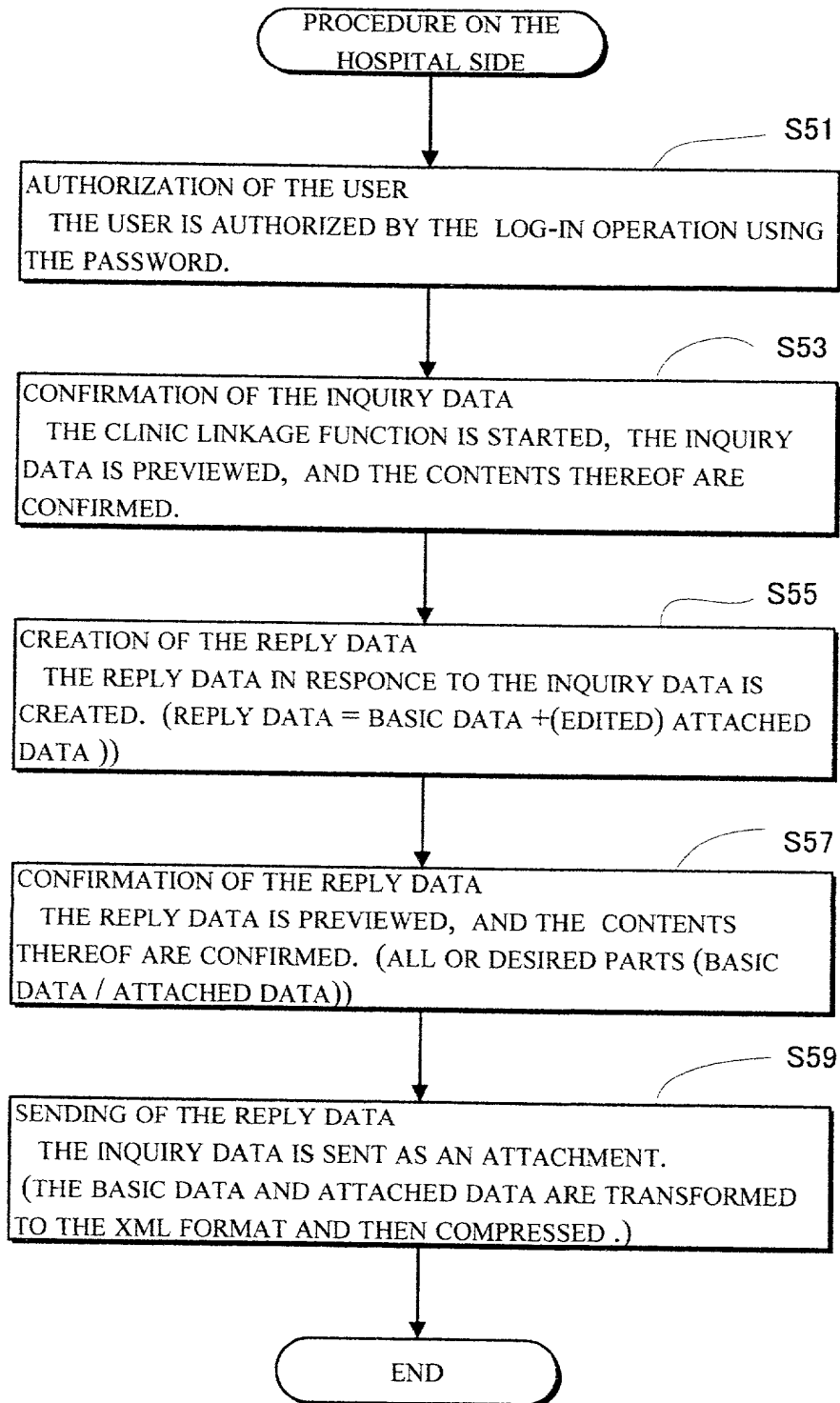


FIG. 9(a)

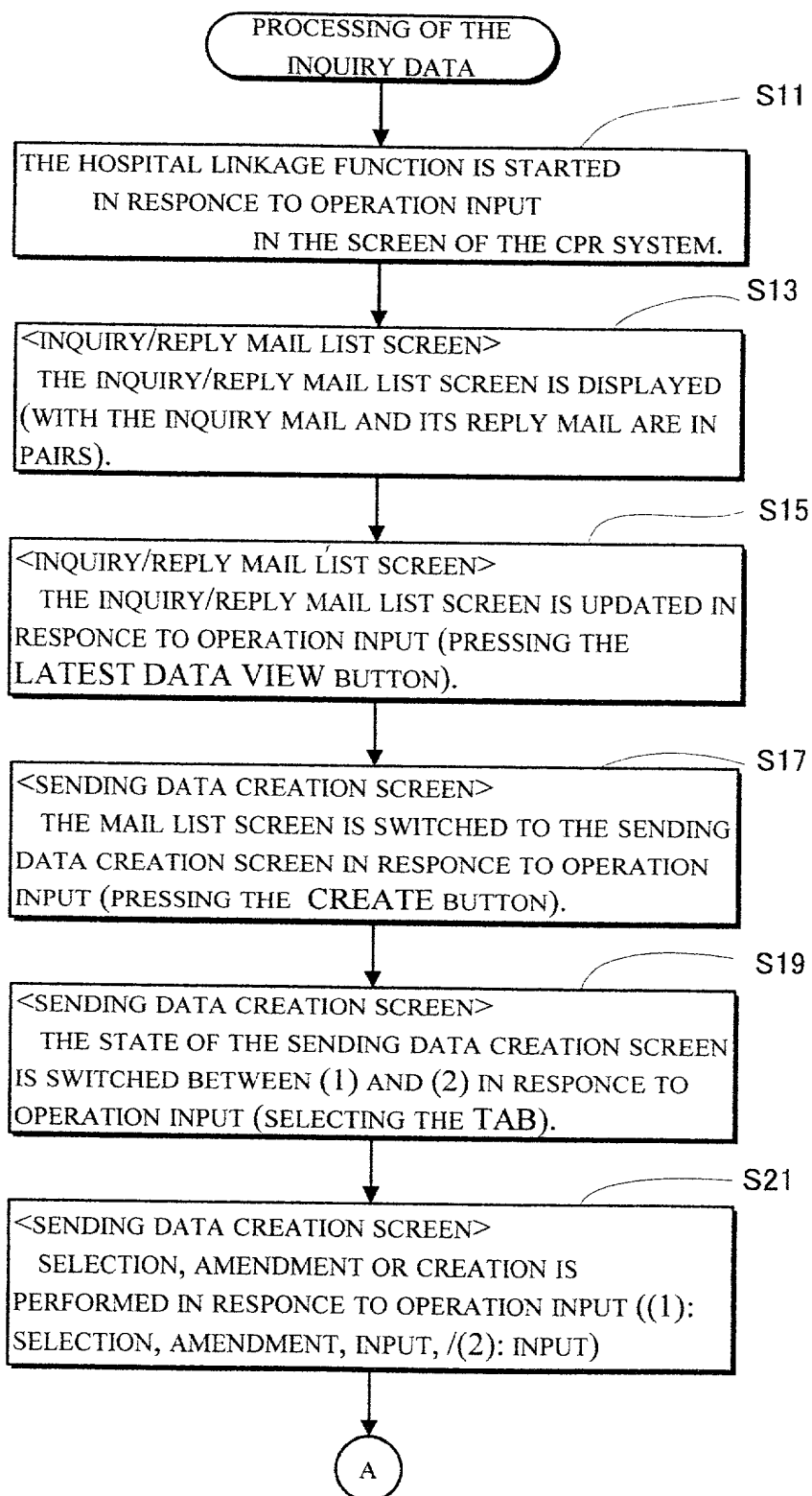


FIG. 9(b)

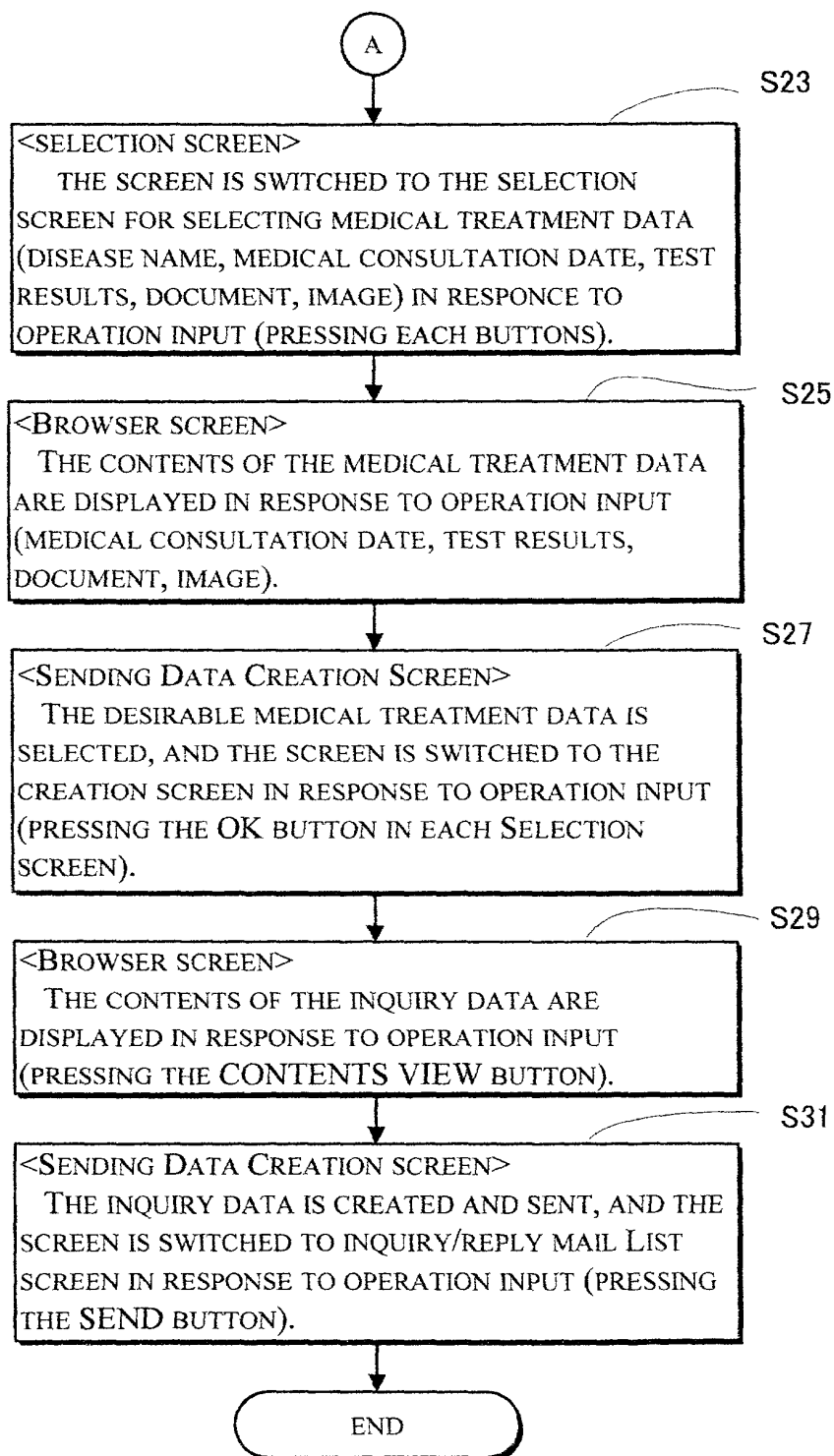


FIG. 10(a)

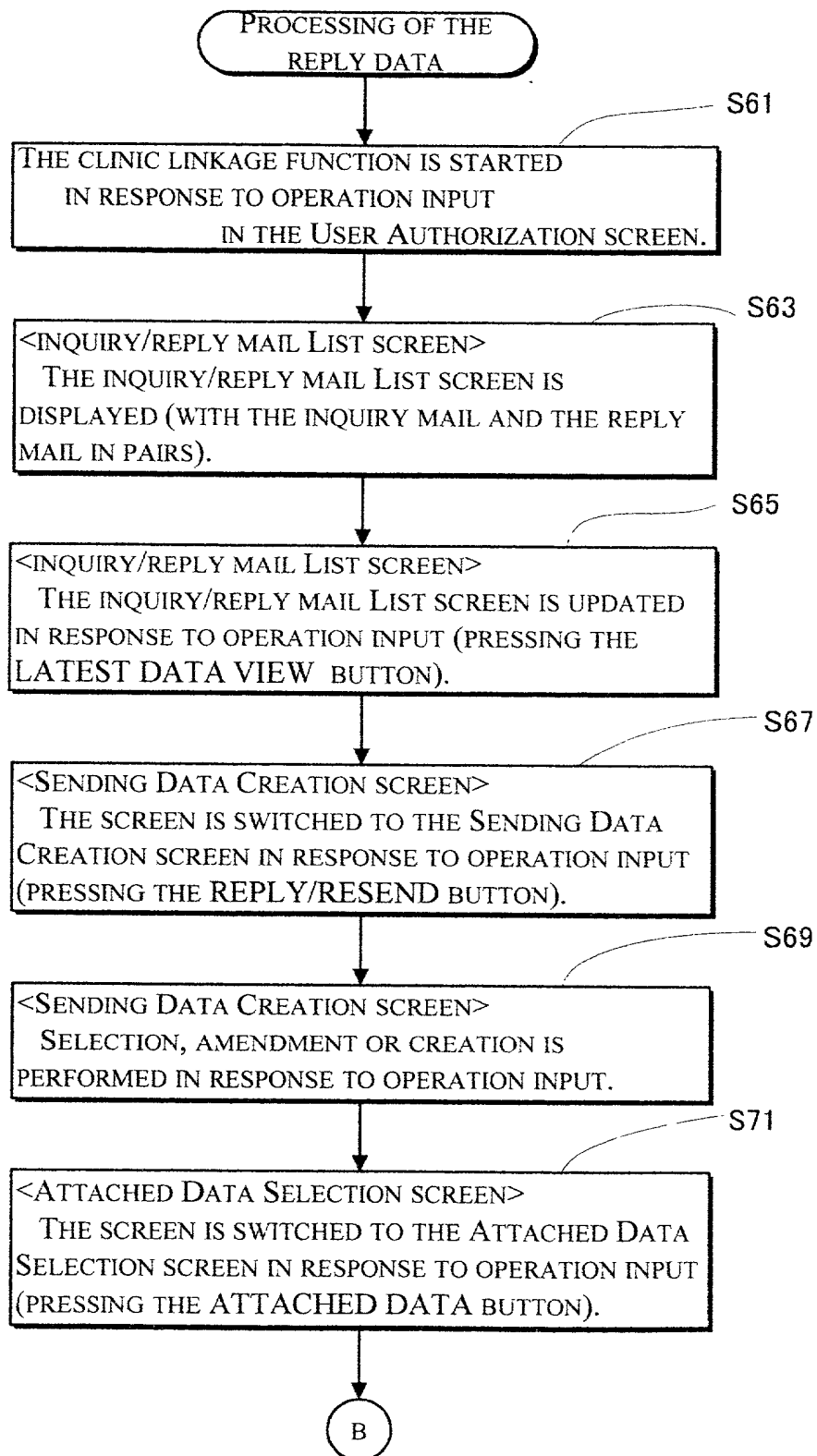


FIG. 10(b)

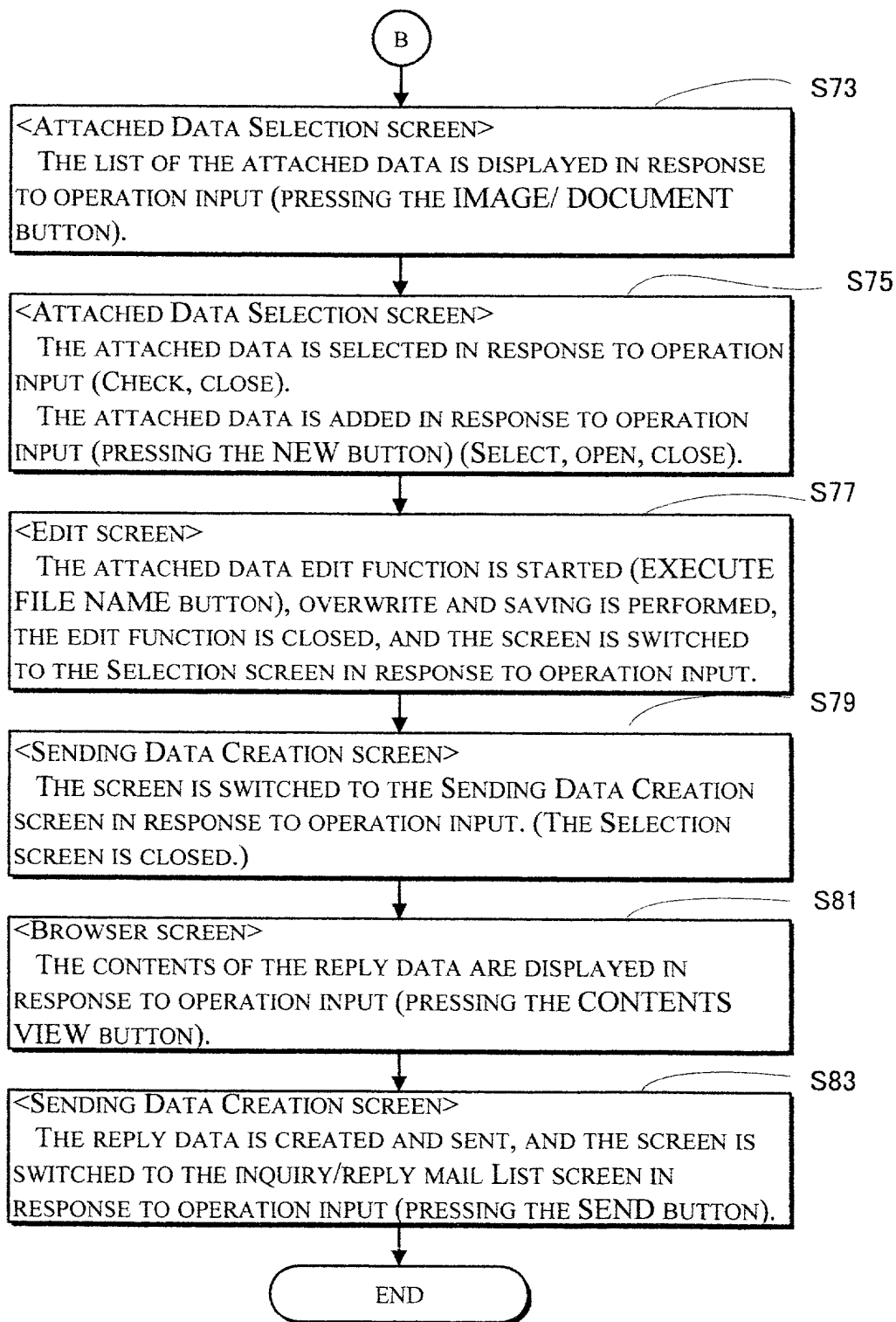


FIG. 11

INQUIRY/REPLY MAIL LIST SCREEN (CLINIC SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER / REPLIER	SENDING DATE AND TIME
SENDING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
RECEIVING					
SENDING	KUMAGAI Tomoko	Confirmation Of Test Results	NAGOYA HOSPITAL SATO CLINIC	Dr. SUZUKI Dr. SATO	10:01/22.06.01 09:58/22.06.01
RECEIVING					
SENDING	UENO Hiroko	Confirmation Of Electrocardiogram	NAGOYA HOSPITAL SATO CLINIC	Dr. SUZUKI Dr. SATO	10:01/22.06.01 10:02/22.06.01
RECEIVING					
SENDING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01

SORTING Sending Date And Time ▾

FILTERING All Display ▾

CREATE

LATEST DATA
VIEW

CONTENTS
VIEW

RESEND

DELETE

CLOSE

FIG. 12

SENDING DATA CREATION SCREEN (TAB (1) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

PATIENT SELECTION

TANAKA Yoshiko

BASIC DATA (2)

SENT TO

MEDICAL INSTITUTION

NAGOYA HOSPITAL

DOCTOR NAME

Dr. SUZUKI

SENT FROM

MEDICAL INSTITUTION

SATO CLINIC

ADDRESS

2-11, Oote 2-Chome, Higashi-Ku, Toyota-Shi, Aichi 480-0213

PHONE

0565-32-6548

DOCTOR NAME

Dr. SATO

SPECIALTY

Internal medicine

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

CONTENTS VIEW

SEND

CANCEL

FIG. 13

SENDING DATA CREATION SCREEN (TAB (2) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

SUBJECT

Please give us your opinion on our diagnosis of this disease.

CHIEF COMPLAINT AND PRESENT ILLNESS

Chief complaint: Chest pain for a month (strong)

Present illness: None

Body data

Temperature: 35.9°C

Blood pressure: 115-88

Weight: 48.5kg

Height: 158cm

Gravida: 1

PROGRESS

The initial pain has been feeble and continued for these 6 months or so. The patient has not received any medical treatment but watched the development. The pain with chest squeeze has been increasingly growing.

BASIC DATA (2)

INQUIRY CONTENTS

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.

OTHERS

Please give us additional comments, if any.

ATTACHED DATA

DISEASE NAME

CONSULTATION DATE

TEST RESULTS

DOCUMENT

IMAGE

CONTENTS VIEW

SEND

CANCEL

FIG. 14

DISEASE NAME SELECTION SCREEN

DISEASE NAME SELECTION

DISEASE NAME SELECTION

SELECTION

☐

☐

☐

DISEASE NAME	STARTING DATE	OUTCOME DATE	OUTCOME
SUSPICION OF A GASTRIC ULSER	09.11.1999		
DIABETES	28.09.2000		

ALL CLEAR

OK

CANCEL

FIG. 15

MEDICAL CONSULTATION DATE SELECTION SCREEN

MEDICAL CONSULTATION DATE SELECTION

MEDICAL CONSULTATION DATE SELECTION

SELECTION	FIRST MEDICAL TREATMENT RECEIVING DATE	SECOND MEDICAL TREATMENT RECEIVING DATE AND OTHERS
<input type="checkbox"/>	07.09.1999	
<input type="checkbox"/>		05.10.1999
<input type="checkbox"/>		09.11.1999

ALL CLEAR

OK

CANCEL

FIG. 16

TEST RESULT SELECTION SCREEN

TEST RESULT SELECTION									
period specification:		10.11.1999 - 23.10.2000		RETRIEVAL					
GROUP	ITEM	20.01.00	13.01.00	06.01.00	28.12.99	22.12.99	15.12.99	08.12.99	01.12.99
HEMATOLOGICAL TEST	LEUKOCYTE	6000							
	CORPUSCLE	580							
	HEMOGLOBIN	11.0							
	THROMBOCYTE	14.5							
	MCV	100							
	MCH	29.0							
	MCHO	32.3							
BIO-CHEMICAL TEST	SERUM	170	152	100	155	130	130	135	162
	TIT	3	3	1	3	3	3	3	3
	ZTT	125	10	120	125	10	105	10	108
	GOT	32	30	42	60	30	39	36	28
	GPT	38	35	40	38	35	38	32	28
	LDH	300	410	300	410	300	452	150	355
	ALP	250	300	222	200	250	250	250	280

FIG. 17

DATE INFORMATION INPUT DIALOG SCREEN

DATE INFORMATION INPUT DIALOG

DESIGNATED DATE 23.10.2000

OCTOBER, 2000

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

OK

CANCEL

FIG. 18

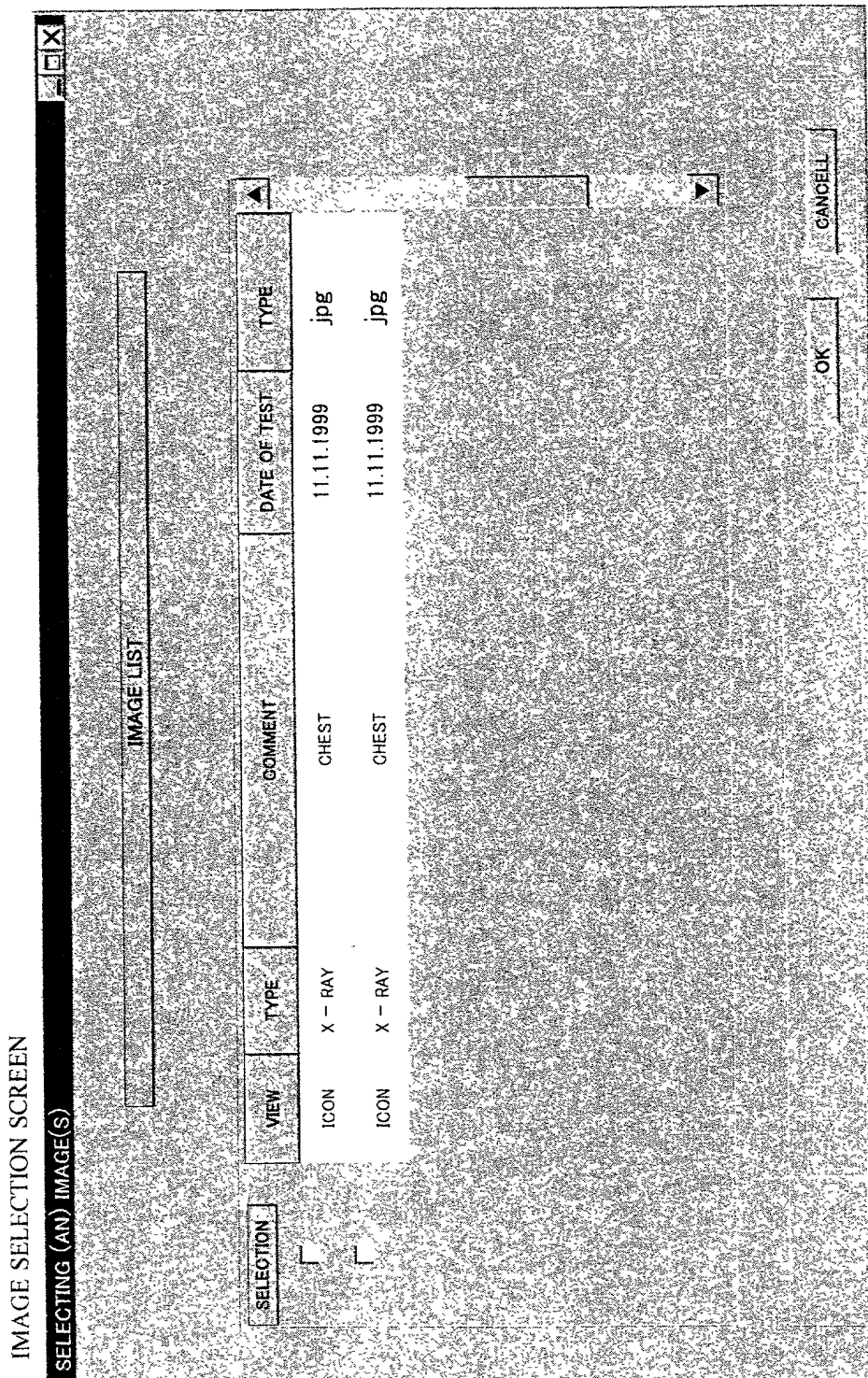


FIG. 19

DOCUMENT SELECTION SCREEN

DOCUMENT SELECTION

DOCUMENT LIST

VIEW	TYPE	COMMENT	DATE OF WRITE	WRITER	ISSUE / RECEIVE	TYPE
ICON	LETTER OF REFERRAL	ASTHMA	11.11.1999	Dr. SATO	ISSUE	DOC
ICON	MEDICAL CERTIFICATE	ASTHMA	11.11.1999	Dr. SATO	ISSUE	TXT

SELECTION

☐
☐

OK

CANCEL

BROWSER SCREEN (CLINIC SIDE)

FIG. 20(a)

ADDRESS			
c:/dimms\data/sousin/atemp/index.htm			
CONTENTS OF INQUIRY BASIC DATA			
MEDICAL INSTITUTION NAGOYA HOSPITAL Dr's NAME Dr. SUZUKI			
PATIENT INFORMATION			
NAME IN SYLLABLE	DATE OF BIRTH	OCCUPATION	NONE
I-wa-ta Ta-da-shi	05.05.1930		
NAME	AGE	SEX	MALE
IWATA Tadashi	71		
INQUIRING			
SUBJECT Please give us your opinion on our diagnosis of this disease. CHIEF COMPLAINT Chief complaint: Chest pain for a month (strong) PRESENT ILLNESS Present illness: None PROGRESS The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.		COMMENTS About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. OTHERS Please give us you opinion on our diagnosis.	
SENT FROM			
MEDICAL INSTITUTION SATO CLINIC SPECIALITY INTERNAL MEDICINE		PHONE 0565-32-6548 Dr.s NAME Dr. SATO ADDRESS 2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213	
DATE OF WRITING 09:51:25/29.06.2001			

BASIC DATA
 MEDICAL HISTORY
 DISEASE HISTORY
 TEST RESULT
 IMAGE

FIG. 20(b)

BROWSER SCREEN (CLINIC SIDE)

<p>CONTENTS OF REPLY MAIL</p> <p>ADDRESS <input type="text" value="c:/dimms/data/sousin/atemp/index.htm"/></p>		<p>CONTENTS OF REPLY BASIC DATA</p>	
<p>REPLY HISTORY</p> <p>DATE AND TIME OF REPLY</p> <p><input type="text" value="09:55:04/29.06.2001"/></p> <p><input type="text" value="09:55:34/29.06.2001"/></p> <p><input checked="" type="radio"/> <input type="text" value="09:56:12/29.06.2001"/></p>		<p>ADDRESSEE</p> <p>MEDICAL INSTITUTION <input type="text" value="SATO CLINIC"/> Dr.'s NAME <input type="text" value="Dr. SATO"/></p>	
<p>PATIENT INFORMATION</p> <p>NAME IN SYLLABLE <input type="text" value="I-wa-ta Ta-da-shi"/> DATE OF BIRTH <input type="text" value="05.05.1930"/> OCCUPATION <input type="text" value="NONE"/></p> <p>NAME <input type="text" value="IWATW Tadashi"/> AGE <input type="text" value="71"/> SEX <input type="text" value="MALE"/></p>		<p>INQUIRING</p> <p>SUBJECT <input type="text" value="Please give us your opinion on our diagnosis of this disease."/></p> <p>ANSWER <input type="text" value="Early removal of the affected part is required."/></p>	
<p>SENT FROM</p> <p>MEDICAL INSTITUTION <input type="text" value="NAGOYA HOSPITAL"/> PHONE <input type="text" value="052-204-3588"/></p> <p>ADDRESS <input type="text" value="2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983"/></p> <p>SPECIALTY <input type="text" value="INTERNAL MEDICINE"/> Dr.'s NAME <input type="text" value="Dr. SUZUKI"/></p> <p>DATE OF WRITING <input type="text" value="09:51:25/29.06.2001"/></p>		<p>REPLY MESSAGE</p> <p>DOCUMENTS / IMAGES</p> <p>BASIC DATA</p>	

FIG. 21

INQUIRY/REPLY MAIL LIST SCREEN (HOSPITAL SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (HOSPITAL SIDE)					
	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRER/REPLIER	SENDING DATE AND TIME
RECEIVING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	SATO CLINIC	Dr. SATO	09:58/22.06.01
SENDING			NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22.06.01
RECEIVING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	10:02/22.06.01
RECEIVING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:32/27.06.01

FIG. 22

SENDING DATA CREATION SCREEN(HOSPITAL SIDE)

REPLYING DATA CREATION

TO

MEDICAL INSTITUTION

DOCTOR NAME

SPECIALTY

FROM

MEDICAL INSTITUTION

ADDRESS

PHONE

DOCTOR NAME

SPECIALTY

SATO CLINIC

Dr. SATO

Internal medicine

NAGOYA HOSPITAL

2-11, Doi 2-Chome, Higashi-Ku, Nagoya-Shi, Aichi 468-2983

052-204-3588

Dr. SUZUKI

Internal medicine

FILE ATTACH

ORIGINAL INQUIRY ATTACH

PATIENT DATA

NAME

NAME IN SYLLABLE

DATE OF BIRTH

IWATA Tadashi

I-wa-ta Ta-da-shi

05.05.1930

MALE

SUBJECT

CONTENTS

OCCUPATION

SEX

AGE

NONE

MALE

71

Please give us your opinion on our diagnosis of this disease.

Early removal of the affected part is required Please check the attachment data and take action accordingly.

CONTENTS VIEW

SEND

CANCEL

FIG. 23

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA SELECTION

SELECTION

☐☐☐

LIST OF ATTACHED DATA

TYPE	COMMENT	DATE	TYPE	EDITING

NEW

IMAGE

DOCUMENT

CLOSE

FIG. 24

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIME.EXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WORDPAD.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PERUSH.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	LETTER OF REFERRAL WITH DISEASE CONDITION	19.10.2000	tiff	WANGIME.EXE

NEW

image

document

CLOSE

FIG. 27

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIMEE.XE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGIMEE.XE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIMEE.XE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGIMEE.XE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WORDPAD.EXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PBRUSH.EXE
<input type="checkbox"/>	MANUAL INPUT	ADDED DATA		bmp	PBRUSH.EXE

NEW

image

document

CLOSE

FIG. 28(a)

CONTENTS OF INQUIRY MAIL		ADDRESS c:/dimms/data/sousin/atemp/index.htm	
CONTENTS OF INQUIRY BASIC DATA			
MEDICAL INSTITUTION NAGOYA HOSPITAL		Dr.s' NAME Dr. SUZUKI	
PATIENT INFORMATION			
NAME IN SYLLABLE I-wa-ta Ta-da-shi	DATE OF BIRTH 05.05.1930	OCCUPATION NONE	SEX MALE
NAME IWATW Tadashi	AGE 71		
SUBJECT		COMMENTS	
Please give us your opinion on our diagnosis of this disease.		About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto	
Chief complaint: Chest pain for a month (strong)		Please give us you opinion on our diagnosis.	
Present illness: None			
The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.		OTHERS	
MEDICAL INSTITUTION SATO CLINIC		Dr.s' NAME Dr. SATO	
SPECIALTY INTERNAL MEDICINE		PHONE 0565-32-6548	
DATE OF WRITING 09:51:25/29.06.2001		ADDRESS 2-11, oote 2-chome, higashi-ku, toyota-shi, aichi 460-0213	
BASIC DATA		DISEASE HISTORY	
MEDICAL HISTORY		TEST RESULT	
IMAGE			

BROWSER SCREEN (HOSPITAL SIDE) **FIG. 28(b)**

Contents of Reply Mail

ADDRESS

c:/dimms/data/sousin/atemp/index.htm

REPLY HISTORY

DATE AND TIME OF REPLY

09:55:04/29.06.2001

09:55:34/29.06.2001

09:56:12/29.06.2001

☐ NOT YET SENT

Contents of Reply Basic Data

ADDRESSEE

MEDICAL INSTITUTION

SATO CLINIC

Dr.'s NAME

Dr. SATO

PATIENT INFORMATION

NAME IN SYLLABLE

I-wa-ta Ta-da-shi

DATE OF BIRTH

05.05.1930

OCCUPATION

NONE

AGE

71

SEX

MALE

INQUIRING

SUBJECT

Please give us your opinion on our diagnosis of this disease.

ANSER

Early removal of the affected part is required.

SENT-FROM

MEDICAL INSTITUTION

NAGOYA HOSPITAL

PHONE

052-204-3588

ADDRESS

2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983

SPECIALITY

INTERNAL MEDICINE

Dr.'s NAME

Dr. SUZUKI

DATE OF WRITING

REPLY MESSAGE

DOCUMENTS / IMAGES

BASIC DATA

FIG. 29

DATABASE (SENT/RECEIVED DATA, HOSPITAL SIDE)

MAIL ID	MESSAGE ID	MESSAGE TYPE	REPLY FLAG	MESSAGE STATUS	SERIAL NUMBER	LATEST FLAG	INQUIRY SEND TIME
1	TANAKA CLINIC 010610	1	2	1	1	1	
2	TANAKA CLINIC 010610	2	2	1	1	1	
3	ITO CLINIC 010611	1	2	1	1	1	
4	TANAKA CLINIC 010611	2	2	1	1	0	
5	TANAKA CLINIC 010611	2	2	2	2	1	

MAIL ID (AUTO NUMERING)

MESSAGE STATUS (1:READ, 2:NOT READ, 3:SENT)

MESSAGE ID (TEXT TYPE)

SERIAL NUMBER (SERIAL NUMBER OF DOCUMENT)

MESSAGE TYPE (1:INQUIRY, 2:REPLY)

LATEST FLAG (0:NOT LATEST, 1:LATEST)

REPLY FLAG (1:NOT REPLY, 2:REPLIED)